

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	10	*20	0	0 x \$25.00	x \$50.00	0.00
Independent Claims	2	** 3	0	0 x \$100.00	x \$200.00	0.00
Multiple Dependent Claims ***				\$180.00	\$360.00	0.00
TOTAL FILING FEE						0.00
NO ADDITIONAL FEE REQUIRED	IF NO FEE REQUIRED, INSERT "0"					0.00
LIST INDEPENDENT CLAIMS: 1, 6						

Amendment Transmittal Letter
Application No. 10/506,394

* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3
** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3
*** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME

_____ Attached is our check for \$ to pay the fees calculated above.
_____ A Petition for Extension of Time and the required fee are enclosed.
_____ Other enclosures:

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By _____

Constantine Marantidis
Reg. No. 39,759
626/795-9900

CM/scc

SCC PAS730720.1-*04/6/07 10:11 AM